Schedule E)	PAGE 1 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Heather A Smith	Date of Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd	11 06 2014 Amount
07.	45.00
City State Zip Code Calhoun LA 71225	45.00  Transaction ID : 27f19e6c-cce9-4563-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 06 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms Mary Llandriau	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 256110.61  Disbut 2014	rsement For: Primary General  Other (specify) ▶
Full Name of Payee Heather A Smith	Date of Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd	11 06 2014
	Amount
City State Zip Code	19.80
Calhoun LA 71225  Purpose of Expenditure	Transaction ID : ca40ce3a-e8a2-400e-8 Date of Disbursement or Obligation
Mileage Category/ Type 002	11 06 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	64.80
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	INT EXILIND	ITOTILO		PAGE 2 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jenny N Brown			Date of F	Public Distribution/Dissemination
			11	06 2014
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		30.00
West Monroe	LA	71292		ion ID: 9ccc9e18-fa12-4a2d-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	256110.61	Disbursement For 2014 Othe	or: Primary ⊠ General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Jenny N Brown			M 11	
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		4.50
West Monroe	LA	71292		on ID: d59bda85-47e9-4cb7-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	256110.61	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures			34.50
				11111111
(b) SUBTOTAL of Unitermized Independent Expen	ditures		• •	7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		08 / 2014
-				

Schedule E)	IN EXILID	ATTOTILES		PAGE 3 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			l r	C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Carla K Pilgreen			М	
Mailing Address 212 Stonecliff Dr			Amount	1 06 2014
City	State	Zip Code		60.00
West Monro	LA	71291		ction ID : 4bbe97a4-c9ee-42af-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	1 06 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Carla K Pilgreen				1 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr				2014
			Amount	
City	State	Zip Code		8.43
West Monro	LA	71291		tion ID : 2f7253c4-c628-4d19-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	1 06 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursement 2014 Oth	For: Primary X General Primary Primary Repectify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		· •	68.43
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		08 2014
Signature				

Schedule E)	II EXI END	TOTILO		PAGE 4 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Jeanne Tribou			М	11 06 7 2014
Mailing Address 22369 Ponderosa Dr.			Amour	nt
City	State	Zip Code	$-\Gamma$	40.00
Mandeville	LA	70471		action ID : 859c29c4-00af-4653-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 06 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , 2	256110.61	Disbursement 2014 Of	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Jeanne Tribou			М	11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amou	nt
City	State	Zip Code	— I	3.60
Mandeville	LA	70471		ction ID : bd7f82ec-cd2b-45df-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 06 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	256110.61	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditur	es			43.60
(-,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•				

Sch	nedule E)	. <b>L</b> /(1 L.(2)	1101120		PAGE 5 OF 28 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
 Chec	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee Tammay Williams				e of Public Distribution/Dissemination  11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 924 N. Prieur St			Amo	ount
	City	State	Zip Code	— Г.	50.00
- 1	New Orleans	LA	70116		nsaction ID : 6aa9a7a8-1869-4136-a e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 06 / 2014
1	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, 2	256110.61	Disburseme 2014	ent For:
	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Tammay Williams				11 06 2014
	Mailing Address 924 N. Prieur St			I.	11 00 2017
	<del>-</del>			Amo	ount
	City	State	Zip Code	$ \Gamma$	12.00
	New Orleans	LA	70116		saction ID: 2956860b-d1ed-43a8-b e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	11 06 / 2014
1	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	256110.61	Disburseme 2014	ent For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	s		·· •	62.00
(b	b) SUBTOTAL of Unitemized Independent Expenditu	ıres		<b>-</b>	7 7 7
(с	c) TOTAL Independent Expenditures				
wi	nder penalty of perjury I certify that the independer ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Schedule E)	LIVI EXI LIVE	ITOTILO		PAGE 6 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Antoinette Franklin			M = M /	Distribution/Dissemination
Mailing Address 8822 Apple St			Amount	06 2014
City	State	Zip Code		50.00
New Orleans	LA	70188		D: 74dc3bd1-4c13-4d8f-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	256110.61	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Antoinette Franklin			11 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		12.00
New Orleans	LA	70188		: d4d356bc-9080-4aa3-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			62.00
(1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7	7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 08	2014

Schedule E)	INT EXICINE	TIONES		PAGE 7 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Antoinette Franklin			Date of	
Mailing Address 8822 Apple St			Amount	1 06 2014
	21.1	7: 0 1		50.00
City New Orleans	State LA	Zip Code 70188		50.00 tion ID : 74ed2e33-4801-4008-b  Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	2	256110.61	Disbursement F 2014 Othe	For:
Full Name of Payee Antoinette Franklin				Public Distribution/Dissemination
Marillian Adduses			1	
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		12.00
New Orleans	LA	70188		ion ID : df26879c-4acd-45e6-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1:	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursement I 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expendit	ures			62.00
(b) SUBTOTAL of Uniternized Independent Exper	nditures		. —	7 1 7 1 7 1
(a) activities of commentation independent Export			•	7 7
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		08 2014
•				

Schedule E)	LIVI EXI LIVE	ITOTILO		PAGE 8 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Antoinette Franklin			M	Public Distribution/Dissemination
Mailing Address 8822 Apple St			Amount	1 06 2014
City	State	Zip Code		50.00
New Orleans	LA	70188		ction ID : a7e1799d-a646-4dea-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	1 06 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	256110.61	Disbursement 2014 Oth	For:
Full Name of Payee			Date of	Public Distribution/Dissemination
Antoinette Franklin				11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St			Amoun	
City	State	Zip Code		12.00
New Orleans	LA	70188		tion ID : 3ea64b8a-9dfb-4d89-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 06 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expend	itures			62.00
(b) SUBTOTAL of Unitemized Independent Expe	ınditures		. —	7
(b) SOBTOTAL OF OFFICE MACPORTAGE EXPE	inditures			7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	08 2014

Schedule E)	INI EXI END	HONES		PAGE 9 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Cathy Longtin			M 11	06 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code	— r	40.00
New Orleans	LA	70124		ID: 9b8a4816-cadd-4963-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1M	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	256110.61	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Cathy Longtin			11	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		3.30
New Orleans	LA	70124		ID: 27209f3d-0c4c-4ffa-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	256110.61	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures			43.30
,,				7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• •	4
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 08	2014
-				

Schedule E)	L/(1 L/(2)			PAGE 10 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	-M / D-D / Y-Y-Y-Y
	X New repo	ort Amends repo	ort filed on	
Full Name of Payee Felicia A Jones				of Public Distribution/Dissemination
Mailing Address 4106 Martha St			Amou	11 06 2014 nt
1 7	State	Zip Code		80.00
Shreveport	LA	71109		action ID: d453c4e4-5681-459b-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 06 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	256110.61	Disbursemen 2014 O	tt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Felicia A Jones			T.	11 06 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
Mailing Address 4106 Martha St				11 00 2014
			Amou	int
City	State	Zip Code		7.50
Shreveport	LA	71109	Transa Date	action ID: a4ff3d6a-35de-4f38-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 06 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursemer 2014	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	87.50
(b) SUBTOTAL of Unitemized Independent Expenditure	əs		. •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	08 2014
Signature				

Schedule E)		110.120		PAGE 11 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 00000.33
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	M / D D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Gary W Fuhrmann			M	11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive			Amou	nt
City	State	Zip Code		47.50
Shreveport	LA	71106		action ID: 12c6aa6a-f4d8-40f0-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 06 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	256110.61	Disbursemen 2014	t For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Gary W Fuhrmann				-M / D D / Y Y Y Y
Mailing Address 9425 Jessica Drive				11 06 2014
			Amou	nt
City	State	Zip Code		9.30
Shreveport	LA	71106		ction ID: 30f69be4-4f3b-4118-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 06 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursemen 2014 O	t For:
•				
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	56.80
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	M M /	08 2014
Signature				

Schedule E)	INT EXICINE	ITOTIES		PAGE 12 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Hannah J Landry			11 11	06 / 2014
Mailing Address 1110 N Coolidge			Amount	
City	State	Zip Code		55.00
Gonzales	LA	70737		on ID: 8b43b7e7-57ee-4713-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	06 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee	·		Date of P	ublic Distribution/Dissemination
Hannah J Landry			M = N	06 2014
Mailing Address 1110 N Coolidge			Amount	
City	State	Zip Code		4.86
Gonzales	LA	70737		on ID: 19482d93-91d7-45d7-9 visbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	256110.61	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures			59.86
,,				7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>→</b>	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IN EXILIND	ITORES		PAGE 13 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary C Lee			M M /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		50.00
Gonzales	LA	70737		D: a1f3ea2b-4cc9-4a3f-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	:	256110.61	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary C Lee			11 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		4.86
Gonzales	LA	70737		: d0027db4-240f-49eb-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	256110.61	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			54.86
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 08	2014
•				

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Julia Perry	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C	nount
City State Zip Code	80.00
Shreveport LA 71101 Tra	Insaction ID: b875d1b5-bf79-4803-b te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 256110.61	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Dat Julia Perry	te of Public Distribution/Dissemination
Malling Address	11 06 2014
20401 011111 0171010	nount
City State Zip Code	10.80
Dat	nsaction ID: 102c9b8c-4c56-4e62-a te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 / 06 / Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Oppose Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	90.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	INT EXICINE	ITOTIES		PAGE 15 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
ERIC TABARY			11	06 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		50.00
METAIRIE	LA	70003		D: f8b6a738-f8f6-4756-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	256110.61	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
ERIC TABARY			11	06 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.20
METAIRIE	LA	70003		D: b78e90b4-5875-43c8-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	06 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	256110.61	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUPTOTAL of Itamized Independent Expandit	III.			54.20
(a) SUBTOTAL of Itemized Independent Expendit	uies		<b>•</b>	51.20
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 08	2014

Schedule E)	TI EXI EILD	TOTILO		PAGE 16 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Philip Elkins				Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr			1	
			Amount	
City	State	Zip Code		20.00
Bossier City	LA	71111		ction ID: 4bf38135-531e-4c22-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	1 06 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	256110.61	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Philip Elkins			1	1 06 2014
Mailing Address 227 Lincoln Dr			Amount	
City	State	Zip Code	<b>—Г</b> .	8.61
Bossier City	LA	71111		tion ID : c861f2c7-bd49-4391-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	256110.61	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			28.61
(a) CODICIAL OF ROMEZON MOOPENSON Expension				20.01
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •	7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		08 / 2014
<del></del>				

Schedule E)	LIVI EXPEND	ITONES		PAGE 17 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Brogan A Benoit			M = M	ic Distribution/Dissemination
Mailing Address 7144 South River Rd			Amount	06 2014
City	State	Zip Code		30.00
Addis	LA	70710		ID: 434419ac-7764-41aa-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Brogan A Benoit			11 11	06 / 2014
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		11.10
Addis	LA	70710		D: 34fec4b7-dd99-447f-9 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	256110.61	Disbursement For: 2014 Other (s	Primary
_				
(a) SUBTOTAL of Itemized Independent Expend	itures		•	41.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>•</b>	7.1.7.1
(c) TOTAL Independent Expenditures			•	79. 1 75. 1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 08	2014

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC I	DENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	М	/ D D /	Y Y Y Y
٦	Full Name of Payee	Date of	Publ	lic Distribution/	'Dissemination
	Evelyn Lesaicherre	M 1	м 1	06	2014
	Mailing Address 629 Radiance Ave	Amount	:		
	City State Zip Code				80.00
	Metairie LA 70001			ID: 1381c873 oursement or C	
	Purpose of Expenditure Salary  Category/ Type 001	М	M 11	06	2014
	Name of Federal Candidate Support Office	Sought:		House	District:00
	Ms. Mary L Landrieu Oppose	Presiden		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	ursement		Primary	General
	Full Name of Payee Evelyn Lesaicherre				/Dissemination
	·		11	06	2014
	Mailing Address 629 Radiance Ave	Amount	t		
	City State Zip Code				10.50
	Metairie LA 70001	Transac Date of	tion I	ID: bf23d57d- oursement or 0	•9b6b-495b-9 Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M	1 M	06	2014
	Name of Federal Candidate Support Office	e Sought:		House	District: 00
		Presider	L	X Senate	State: LA
				Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures				90.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures				
1	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date		08	201	4
	Signature	<u> </u>			
_					

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OF

Schedule E)	OTIES	PAGE 19 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 00000703
Check if 24-hour report 48-hour report New report	t Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Carl Brent		11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr	Ar	mount
City State Z	ip Code	80.00
	70126 Tr	ransaction ID : b9c1c189-c21d-418e-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 06 Y 2014
Name of Federal Candidate	Support Office So	ought: House District:00
Ms. Mary L Landrieu		esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disburser 2014	ment For:
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Carl Brent		11 06 2014
Mailing Address 6718 Lake Willow Dr	Ar	mount
Choto 7	7 0 4	22.60
	Zip Code 70126  Tra	33.60  ansaction ID: e58b530b-9c7b-450e-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ 002	ate of Disbursement of Obligation
Nove of Federal Condidate		
Name of Federal Candidate  Ms. Mary L Landrieu	Support Office So	
		esident State.
Calendar Year-To-Date Per Election for Office Sought	256110.61 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	113.60
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· [	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronica	ally Filed] Date 11	08 2014
Signature		

Schedule E)	I EXI END	ITOTILO		PAGE 20 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Laura U Logie			Date of Pub	olic Distribution/Dissemination
Mailing Address 2565 Shire Circle			Amount	06 2014
			Amount	
City	State	Zip Code		45.00
Harrisonburg	VA	22801		n ID: 0416f863-0be5-46e1-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	06 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	256110.61	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Sarah Bassil			M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7650 Fallswood Way			Amount	
City	State	Zip Code		30.00
Lorton	VA	22079		ID: 55ce462d-b5df-4267-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	06 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	256110.61	Disbursement For: 2014 Other (	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			75.00
			-	7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· <b>•</b>	7 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 08	
Signature				

Schedule E)	II EXI END	TOTILO		PAGE 21 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Ryan Drake			M	11 06 / 2014
Mailing Address 29637 Park St			Amour	nt
City	State	Zip Code		65.00
Walker	LA	70785		action ID : fe9546d9-7361-4f70-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 06 / Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	, 2	256110.61	Disbursement 2014 Of	t For: Primary ⊠ General
Full Name of Payee	_		Date of	of Public Distribution/Dissemination
Ryan Drake			М	11 06 Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amou	nt
City	State	Zip Code	— Г	15.00
Walker	LA	70785		ction ID: e6f3d4c1-5114-4d01-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 06 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	256110.61	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditur	es			80.00
#X-21			_	
(b) SUBTOTAL of Unitemized Independent Expendent	tures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	111 /	08 2014
- 9				

Schedule E)	INI EXI END	ITOTILO		PAGE 22 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Timothy Foley				f Public Distribution/Dissemination
Mailing Address 20679 Glenbrook Terrace				11 06 7 2014
2007 O GIONISION TONIAGO			Amour	nt
City	State	Zip Code		40.00
Sterling	VA	20165		action ID: 189294b6-54ef-4339-b If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 06 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	256110.61	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Brieshauna M Stevens			M	11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1703 Torrey Pines Ct			Amou	nt
City	State	Zip Code	— IT:	60.00
Reston	VA	20190		ction ID : c9efced4-9e01-452f-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 06 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			100.00
				7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	1 Apr 1 Apr 1 Apr 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•				

Schedule E)	IN EXILIND	THORIES		PAGE 23 OF 28 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Kelly Dolan				11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 543 S 2nd St			Amoun	t
City	State	Zip Code		80.00
Bellaire	NC	77401		ction ID: 2be0a258-e0b1-411a-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
Full Name of Payee	<u> </u>		Date of	Public Distribution/Dissemination
Kelly Dolan				11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 543 S 2nd St			Amoun	t
City	State	Zip Code		6.00
Bellaire	NC	77401		tion ID : 3e3a9ff7-d4ac-4f3f-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 06 2014
Name of Federal Candidate		Support	Office Sought	House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	256110.61	Disbursement 2014 Otl	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			86.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 /	08 2014
· ·				

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Cathy Longtin		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave		Amount
City	State Zip Code	40.00
New Orleans		Transaction ID : 29c13023-0f1b-4f2e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office 9	Sought: House District: 00
Ms. Mary L Landrieu		President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	256110.61 Disburs 2014	sement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Cathy Longtin  Mailing Address 827 Navavre Ave		Date of Public Distribution/Dissemination
327 / 141/4/107/109		Amount
City	State Zip Code	3.60
New Orleans		ransaction ID: 0868310c-b923-46f7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / D D / Y Y Y Y Y Y 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	256110.61 Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	<b></b>	43.60
(b) SUBTOTAL of Unitemized Independent Expenditure	es	4 4
(c) TOTAL Independent Expenditures	<b></b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 11	08 2014
Signature		

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OF

	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766			
Check if $\times$ 24-hour report 48-hour report $\times$ New report $\times$ Amends report filed on				
Full Name of Payee  Pound Foinstoin & Associatos	Date of Public Distribution/Dissemination			
Pound, Feinstein & Associates	11 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 5614 Connecticut Ave, NW Ste 270	Amount			
City State	Zip Code 6041.25			
Washington DC	20015 Transaction ID : 4f9fa495-130f-408d-b Date of Disbursement or Obligation			
Purpose of Expenditure Doorhangers	Category/ Type 004 11 06 / 2014			
Name of Federal Candidate	Support Office Sought: House District: 00			
William Cassidy	Oppose President X Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee Pound, Feinstein & Associates  Mailing Address 5614 Connecticut Ave, NW Ste 270	Date of Public Distribution/Dissemination  11 06 2014  Amount			
City State	Zip Code 6041.25			
Washington DC	20015 Transaction ID: b27ae504-7bb1-4bf6-8 Date of Disbursement or Obligation			
Purpose of Expenditure Doorhangers	Category/ Type 004 11 06 / 2014			
Name of Federal Candidate	Support Office Sought: House District: 00			
Ms. Mary L Landrieu	Oppose President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	12082.50			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	<b></b>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	ectronically Filed] Date 11 08 2014			
Signature				

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Schedule E)	DENT EXICIO	HONES		PAGE 26 OF 28 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼	
Women Speak Out PAC			C	C00530766	
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public	Distribution/Dissemination	
The Lukens Company			11	06 / 2014	
Mailing Address 2800 Shirlington Road			Amount		
9th Floor	Ctata	Zin Cada		0040.00	
City Arlington	State VA	Zip Code 22206		6010.22 D : 8c356466-e8cc-4d94-9	
Purpose of Expenditure Mailer		Category/ Type 004	Date of Disbur	resement or Obligation  06  2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
William Cassidy		Oppose	President	Tiodoc Biotriot.	
Calendar Year-To-Date Per Election for Office Sought		17011.91	Disbursement For: 2014 Other (spe	Primary	
Full Name of Payee	<del></del>		Date of Public	Distribution/Dissemination	
The Lukens Company			11 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 2800 Shirlington Road			Amount		
9th Floor			Amount		
City	State	Zip Code		6010.22	
Arlington	VA	22206		: 35692003-a0a4-4b61-b rsement or Obligation	
Purpose of Expenditure Mailer		Category/ Type 004	11 /	06 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		256110.61	Disbursement For: 2014 Other (spe	Primary X General	
(a) SUBTOTAL of Itemized Independent Expe	enditures		<b>•</b>	12020.44	
(b) SUBTOTAL of Unitemized Independent E.	rpenditures		<b>•</b>	7 7	
(c) TOTAL Independent Expenditures			<b>•</b>	7	
Under penalty of perjury I certify that the ind- with, or at the request or suggestion of, any of party committee) any political party committee	andidate or authorized				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 08	2014	

ocneau	•						FOR SE OF	FORM 24/48
	COMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
vvomei	n Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file								
	ame of Payee					Date of Pub	lic Distribution/	Dissemination
Morgan Meredith and Associates						11	06	2014
Mailing	Address 22780 Indian Creek Drive					Amount		
City	State		Zip Code					1894.25
Dulles	VA 20166					ID: b35963d7 oursement or C	7-c263-4f8a-b	
Purpos Mailing	e of Expenditure gs		Category/ Type	004		M M 11	06	2014
Name	of Federal Candidate		X	Support	Office	Sought:	House	District: 00
William	n Cassidy			Oppose		President	X Senate	State: LA
	alendar Year-To-Date er Election for Office Sought	1	17011.91		Disburs 2014	sement For:	Primary	General
_	ame of Payee	- 7					specify)	/Discomination
	gan Meredith and Associates					Date of Pub	olic Distribution	/Dissemination 2014
Mailing	Address 22780 Indian Creek Drive					Amount		2014
City	State		Zip Code					1894.25
Dulles			20166				ID : cef29edc- bursement or 0	
Purpos Mailin	se of Expenditure gs		Category/ Type	004		11 11	06	2014
Name	of Federal Candidate			Support	Office	Sought:	House	District:00
Ms. Ma	ary L Landrieu			Oppose		-	Senate	State: LA
	alendar Year-To-Date er Election for Office Sought		256110.6	1	Disbur 2014	sement For: Other (s	Primary specify) ▶	General
(a) SUB	BTOTAL of Itemized Independent Expenditures				•		7	3788.50
(b) SUE	BTOTAL of Unitemized Independent Expenditures				• •			
(c) TOT	AL Independent Expenditures				· •			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	Ms. Emily Buchanan	Electronic	cally Filed]	Date	M 11	M / D I I	201	4
Signa								

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	modulo L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Integram	11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 22695 Commerce Center Court	Amount
-	City State Zip Code	3066.19
	Dulles VA 20166	Transaction ID: 1244b7cb-b889-4faf-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mailings  Category/ Type  004	11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Name of Federal Candidate Support Office	e Sought: House District:00
	William Cassidy Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
ŀ	Full Name of Payee	Other (specify) ►  Date of Public Distribution/Dissemination
	Integram	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 22695 Commerce Center Court	Amount 2014
-	City State Zip Code	3066.19
	Dulles VA 20166	Transaction ID : 2b7e4d9c-0a3f-49fa-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mailings  Category/ Type  004	11 06 2014
-	Name of Federal Candidate Support Office	e Sought: House District:00
		President State: LA
		ursement For: Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	6132.38
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	35585.88
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 08 2014
	Signature	

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